

**Iowa Department of Public Health – Bureau of Immunization
Certificate of Immunization**

Last Name: _____ First Name: _____ Middle Name: _____ Date of Birth: _____
Parent/Guardian: _____ Address: _____ Phone: (____) _____

Medical Waiver

A waiver to _____ vaccine(s) due to a medical contraindication is granted to the applicant. _____
(list the vaccines(s) to be waived) Signature of Doctor Date

I certify that the above named applicant has a record of age-appropriate immunizations that meet the requirement for licensed day care or school enrollment.

Signature of Doctor or Health Official

Date

Immunizations

Vaccine	Date Given	Doctor / Clinic / Source	Clinic Location
DTaP/DTT Diphtheria, Tetanus Pertussis			
Polio Poliomyelitis			
MMR Measles, Mumps, Rubella			
Hib Haemophilus Influenzae Type b			
Hepatitis B			
Varicella			
Pneumococcal PCV PPV			

*A representative of the local Board of Health
or Iowa Department of Public Health may
review this certificate for survey purposes.*

Requirements for School Entry

Diphtheria-Tetanus-Pertussis (DTP or DTaP)

3 doses required, at least one dose on or after
age 4

Polio

3 doses required, at least one dose on or after
age 4

Measles-Rubella

2 doses required if enrolled after July 3, 1991,
1 dose required if enrolled before July 3, 1991

Hepatitis B

3 doses required if born on or after July 1, 1994

Requirements for Day Care

Diphtheria-Tetanus-Pertussis (DTP or DTaP)

1 dose for 2-18 months of age.

3 doses at 18 months of age and older

Polio

1 dose for 2-18 months of age

3 doses at 18 months of age and older

Measles-Rubella

1 dose on or after 12 months of age

Haemophilus Influenzae Type b (Hib)

1 dose for 2-18 months of age,

3 doses at 18 months of age and older or

1 dose after 15 months of age